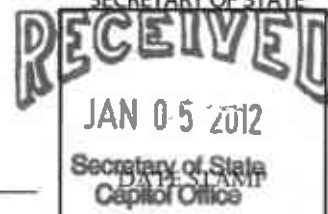




Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Elections

Delbert Hosemann
 SECRETARY OF STATE



Name of Candidate Haskins Montgomery
 Address P.O. Box 611, Bay Springs, MS 39422 County Jasper
 Telephone 601-764-2700 Fax _____
 Office Sought Senate Political Party Democratic
 Email Address jcedd@hotmail.com

Check here if above is different from previous report

- ☐ **May 10, 2011 Periodic Report** (January 1, 2011, through April 30, 2011) _____ Mandatory
- ☐ **June 10, 2011 Periodic Report** (May 1, 2011, through May 31, 2011) _____ Mandatory
- ☐ **July 8, 2011 Periodic Report** (June 1, 2011, through June 30, 2011) _____ Mandatory
- ☐ **July 26, 2011 Pre-Election Report** (July 1, 2011, through July 23, 2011) _____ Primary Candidates
- ☐ **August 16, 2011 Pre-Election Report** (July 24, 2011, through August 13, 2011) _____ Runoff Candidates Only
- ☐ **October 10, 2011 Periodic Report** (July 1, 2011, through September 30, 2011) _____ Mandatory
- ☐ **November 1, 2011 Pre-Election Report** (October 1, 2011, through October 29, 2011) _____ Mandatory
- ☐ **November 22, 2011 Pre-Election Report** (October 30, 2011, through November 19, 2011) _____ Runoff Candidates Only
- ☒ **January 10, 2012 Periodic Report** (October 1, 2011, through December 31, 2011) _____ Mandatory
- ☐ **Termination Report** (Candidate will no longer accept contributions or make Campaign expenditures and has no outstanding campaign debt obligation)

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+	Non-Itemized	=	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 1250.00	+	\$ 320.00		\$ 1570.00	\$ 29,330.00
Total amount of disbursements	\$ 901.18	+	\$ 520.00		\$ 1421.18	\$ 11,641.05
Total amount of cash on hand						\$ 39,443.97

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Haskins Montgomery
 Signature of Candidate

1-5-12
 Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirement.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and / or prosecution in accordance with Miss. Code Ann. §§ 23-15-8-11 (1972).

SEND TO : 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-576-2545.
 2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Haskins Montgomery

Reporting period

October 1

through

December 31, 2011

ITEMIZED DISBURSEMENTS

A. Full name	Taylorsville Post	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 100	12/12/11	\$ 78.00
City, State, Zip Code	Taylorsville MS 39168	1-1-	\$
Purpose of Disbursement (Optional)	Newspaper	Aggregate Year-to-date	\$ 417.50
B. Full name	Spirit of Morton	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 80	11/11/11	\$ 91.00
City, State, Zip Code	Morton MS 39117	1-1-	\$
Purpose of Disbursement (Optional)	Newspaper	Aggregate Year-to-date	\$ 945.25
C. Full name	Master Card	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		4/26/11	\$ 395.18
City, State, Zip Code		1-1-	\$
Purpose of Disbursement (Optional)	Gasoline	Aggregate Year-to-date	\$ 648.42
D. Full name	Mississippi County News	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 449	11/10/11	\$ 337.00
City, State, Zip Code	Bay Springs MS 39422	1-1-	\$
Purpose of Disbursement (Optional)	Newspaper	Aggregate Year-to-date	\$ 1319.75
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		1-1-	\$
City, State, Zip Code		1-1-	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		1-1-	\$
City, State, Zip Code		1-1-	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$

Name of Candidate or Committee

Haskins Montgomery

Page 1 of 1

Reporting period

October 1

through

December 31, 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name

Mississippi Realtors

Mailing Address

P.O. Box 321000

City, State, Zip Code

Flowood, Ms 39232

Name of Employer (Required)

Occupation (Required)

Date
(Mo., Day, Year)Amount of each
receipt
this period

11/2/11

\$ 1,000.00

___/___/___

\$

___/___/___

\$

___/___/___

\$

Aggregate
year-to-date

\$ 1,000.00

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name

USO.1 + Gas Association

Mailing Address

513 North State Street Suite 202

City, State, Zip Code

Jackson, Ms 39201

Name of Employer (Required)

Occupation (Required)

Date
(Mo., Day, Year)Amount of each
receipt
this period

11/3/11

\$ 250.00

___/___/___

\$

___/___/___

\$

___/___/___

\$

Aggregate
year-to-date

\$ 250.00

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name

Mailing Address

City, State, Zip Code

Name of Employer (Required)

Occupation (Required)

Date
(Mo., Day, Year)Amount of each
receipt
this period

___/___/___

\$

___/___/___

\$

___/___/___

\$

___/___/___

\$

Aggregate
year-to-date

\$

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name

Mailing Address

City, State, Zip Code

Name of Employer (Required)

Occupation (Required)

Date
(Mo., Day, Year)Amount of each
receipt
this period

___/___/___

\$

___/___/___

\$

___/___/___

\$

___/___/___

\$

Aggregate
year-to-date

\$